

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

**RECEIVED**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER <b>True Dakotan</b>		2. DATE <b>9/16/16</b>
3. FREQUENCY OF ISSUE <b>weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>36.83</b> in state/ <b>47.00</b> o/s
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO Box 358, Wessington Springs, SD 57382</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO Box 358, Wessington Springs, SD 57382</b>		
6. FULL NAME OF PUBLISHER: <b>Kristi Hine</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"><div>FULL NAME <b>Kristi Publishing</b></div><div>COMPLETE MAILING ADDRESS <b>PO Box 358, Wessington Springs, SD 57382</b></div></div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <b>NESDEC, Areawide Business Council, American Bank &amp; TRust</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1650	1650
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	362	362
2. Mail Subscription (Paid and or requested)	859	752
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1221	1114
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	3	3
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1224	1117
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	426	533
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	1650	1650

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

*Kristi Hine*  
(Signature)

*Editor/Publisher*  
(Title)

State of South Dakota     )  
County of *Jessie*     )

Sworn to before me this *16* day of *September* *2016*  
*Delia Atkinson*  
Notary Public

My commission expires: *8/10/21*

